

UNITED STATES BANKRUPTCY COURT  
MIDDLE DISTRICT OF NORTH CAROLINA  
WINSTON-SALEM DIVISION

IN RE: )  
          )  
          ) CASE NO. 19-50323  
Justin Keith Mayhorn )  
          )  
Debtor(s)         ) Chapter 13  
          )

**AFFIDAVIT OF SERVICE**

The undersigned certifies that service of the Amended Proposed Chapter 13 Plan was made on July 15, 2019, by:

(X) Mail Service: Regular, First Class United States Mail, postage fully pre-paid, addressed to:

FreedomRoad Financial  
c/o Wayfinder BK LLC  
PO Box 64090  
Tucson, AZ 85728-4090

(X) Certified Mail Service on an Insured Depository Institution: By sending Amended Proposed Plan by certified mail addressed to the following officer of the institution at the address set out below. Process was in fact received by Creditor as evidenced by the attached return receipt.

Freedom Road Financial  
Attn Officer  
1515 West 22<sup>nd</sup> St  
Suite 100W  
Pak Brook, IL 60523

Under penalty of perjury, I declare that the foregoing is true and correct.

This the 22<sup>nd</sup> day of July, 2019.

B. Peter Jarvis  
S/ B. Peter Jarvis  
Attorney for Debtors  
Tennant & Jarvis, P.C.  
Post Office Box 4585  
Archdale, North Carolina 27263  
Telephone: (336) 431-9155

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature </p> <p><input checked="" type="checkbox"/> Agent      <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery 7/15</p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>Freedom Road Financial Attn: Mr. Carter 1515 West 22nd St Suite 100W Oak Brook, IL 60523</p> <p></p> <p>9590 9403 0556 5173 9738 79</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input checked="" type="checkbox"/> Certified Mail®  <input type="checkbox"/> Certified Mail Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Red Mail  <input type="checkbox"/> Red Mail Restricted Delivery  <small>(Over \$500)</small></p> <p><input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>2. Article Number (Transfer from service label) 7009 0960 0001 2150 3360</p> <p>PS Form 3811, April 2015 PSN 7530-02-000-9053</p> <p>Domestic Return Receipt</p>			